

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7			1			
8			i			
9						
10			1	1	1	
11			1	1		
12			1	1		
13			1	1		
14			i			
15			1	1		
16			1	1		
17			1	1		
18			1	1		
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			i			
29			1			
30			1			
31			1			
32			i			
33			i			
34						
35						
36						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.		←	15	←	←	
TOTAL CLAIMS		[REDACTED]	61	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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62						
63						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	